

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		
O.I.P.E. CLASSIFIER	LC	32	5/3
FORMALITY REVIEW	LB	TC 873	5/27
RESPONSE FORMALITY REVIEW			0/8-17-01

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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ms  
07/17/01